

APPLICATION FOR LODGING ESTABLISHMENT LICENSE

Kansas Department of Agriculture
Accounts Receivable & Licensing - Food Safety & Lodging
1320 Research Park Drive 2nd Floor Manhattan, KS 66502
(785) 564-6767
www.agriculture.ks.gov

ESTABLISHMENT INFORMATION

Establishment Name / D	DBA:		Phone:	
Establishment Address:			Fax:	
City, State, Zip Code:			County:	
Effective Date of Operat	tion://	Email Address:		
	OWNERSH	IIP INFORMATION		
	(READ CAREFULLY: Please list corpor	ration, partnership, partners o	or individual owner)	
Legal Owner:				_
☐ Individual / S	Sole Proprietor Partnership (LLF	P / LP)*	on (Corp. / Inc.)*	□ LLC*
*Is ownership registe	ered with the Kansas Secretary of Sta	ate? ☐ No ☐ YesBusin	ess Entity ID #:	
Individual Owner's S	SS # or *Federal Tax ID #:			
Contact Person:			Phone:	
Mail License To:		Mail Renewal To:		
☐ Establishment	Optional Address	☐ Establishment	Optional Address	
	OPTIONAL	MAILING ADDRESS		
Mail to Name:				
Mailing Address:				
City, State, Zip Code: _				
I agree as a condition to t	the granting of a license to comply with and reunder. I declare the above statements are	d abide by all the terms of the K	ansas Lodging Inspection and best of my knowledge.	Act and the rules and
Signature		Da	// te	
Printed Name		Tit	tle	
For Office Use Only		For Office Use C	Only	
Inspector:		Licens	e #	
Inspection Date:	//	Date Issued:	/ / Initi	ials:
Tack Assigned:	1 1			

A credit ca							ment-lik	orary/c	credit-card-form.pdf?sfvrsn=0
Please ma	ark the	appr	opriat	e choice	below.	This will b	e verifi	ed du	ring initial inspection.
Application Fee: +					+		ense Fee:		
				(LDN) (LD2)				1 -	- 9 Rooms = \$ 30.00 (LDL) Add \$10.00 for each additional 10 rooms. (See attached fee schedule)
Total num	ber of	rooms	s in est	ablishme	ent:		٦	Γotal fe	ee submitted:
Complimentary Breakfast for Guests:			☐ Yes*		No	*If answer is YES to either category you will be required to submit a separate application and fees for a Food Establishment license.			
Other Foo				for non-	guests:	□ Yes*		No	
		•							
LDN				LD2			LDL		
			МО	Cashie					
Number					Tran	saction #			Amount \$

Please check the appropriate box(s) below.

All licenses run April 1st to March 31st.

A separate application and fees will need to be submitted for each location needing a license.

NOTE: ALL new applications require an application fee and a license fee.

Make checks payable to: Kansas Department of Agriculture or KDA

License Fee:

LICCIISC I CC.
1 – 9 rooms\$ 30.00
10 – 19 rooms\$ 40.00
20 – 29 rooms\$ 50.00
30 – 39 rooms\$ 60.00
40 – 49 rooms\$ 70.00
50 – 59 rooms\$ 80.00
60 – 69 rooms\$ 90.00
70 – 79 rooms\$100.00
80 – 89 rooms\$110.00
90 – 99 rooms\$120.00
100 – 109 rooms\$130.00
110 – 119 rooms\$140.00
120 – 129 rooms\$150.00
130 – 139 rooms\$160.00
140 – 149 rooms\$170.00
150 – 159 rooms\$180.00
160 – 169 rooms\$190.00
170 – 179 rooms\$200.00
180 – 189 rooms\$210.00
190 – 199 rooms\$220.00
200 – 209 rooms\$230.00
210 – 219 rooms\$240.00
220 – 229 rooms\$250.00
230 – 239 rooms\$260.00
240 – 249 rooms\$270.00
250 – 259 rooms\$280.00
260 – 269 rooms\$290.00
270 – 279 rooms\$300.00
280 – 289 rooms\$310.00
290 – 299 rooms\$320.00
300 – 309 rooms\$330.00
310 – 319 rooms\$340.00
320 – 329 rooms\$350.00
330 – 339 rooms\$360.00
340 – 349 rooms\$370.00
350 – 359 rooms\$380.00
360 – 369 rooms\$390.00
370 – 379 rooms\$400.00
380 – 389 rooms\$410.00

Add \$10.00 for each additional 10 rooms.